

RECEIVED

MAY 21 2019

## UNITED STATES DISTRICT COURT

for the

Western District of Missouri

Kansas City Division

CLERK U.S. DIST. COURT  
WEST. DIST. OF MO.  
KANSAS CITY, MOHeather L. Fambrough  
William L. Fambrough

Case No.

4:19-cv-218-SRB

(to be filled in by the Clerk's Office)

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Missouri Family Support Division

Jury Trial: (check one)  Yes  No

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Heather and William L. Fambrough		
Address	6101 N Belleview Avenue		
	Kansas City	MO	64118
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Clay County, Missouri		
Telephone Number	(816) 471-1717		
E-Mail Address	Fambrough1954@gmail.com		

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

#### Defendant No. 1

Name	Missouri Family Support Division		
Job or Title ( <i>if known</i> )	C/O Patrick Luebbering Division Director FSD		
Address	615 Howerton Court		
	Jefferson City	MO	65102
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Jackson County, Missouri		
Telephone Number	Phone: 573-751-3221		
E-Mail Address ( <i>if known</i> )	Fax: 573-751-0507		
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

#### Defendant No. 2

Name			
Job or Title ( <i>if known</i> )			
Address			
	City	State	Zip Code
County			
Telephone Number			
E-Mail Address ( <i>if known</i> )			
<input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

Defendant No. 3

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (*if known*) \_\_\_\_\_

Individual capacity     Official capacity

Defendant No. 4

Name \_\_\_\_\_

Job or Title (*if known*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (*if known*) \_\_\_\_\_

Individual capacity     Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

**Fifth, Seventh, Fourteenth Amendments:** Specifically, the right to due process before administrating adverse actions.

---

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

The Missouri Family Support Division (Agency) denied Appellant's benefits due to an inaccurate tax return filing. Instead of taking Appellant's word that a mistake was made and continue benefits until after the appeal, as stated could be done on the denial letter, Agency cut benefits unilaterally. This action caused detrimental effects on Appellant's health care and mental well-being. After fixing the tax return Agency would not reimburse Appellant and has since denied Appellant's right to appeal. +  
+

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

The State of Missouri

---

B. What date and approximate time did the events giving rise to your claim(s) occur?

Final request of the Appellant from the Agency was @ September 2018.

---

C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

The Missouri Family Support Division (Agency) denied Appellant's benefits due to an inaccurate tax return filing. Instead of taking Appellant's word that a mistake was made and continue benefits until after the appeal, as stated could be done on the denial letter, Agency cut benefits unilaterally. This action caused detrimental effects on Appellant's health care and mental well-being. After fixing the tax return Agency would not reimburse Appellant and has since denied Appellant's right to appeal.

The damages suffered are the unrealized past benefits which are a substantial amount and a decrease in credit rating due to the unpaid medical bill(s) obligations.

**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Untreated medical conditions due to past unpaid billings. Inability to acquire prescribed life saving medical treatments. Lowering of credit scores and ratings due to past dues.

---

**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Request the Court to preside over the appeal hearing and if ruling is in the favor of the Appellant, require the Agency to reimburse for all past due benefits, use the Court decision as a reference for all future benefit applications, and have the Agency reconcile the decrease in credit report ratings due to this situation.

---

## **VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 03/20/2019

Signature of Plaintiff

**Printed Name of Plaintiff**

William L. Fambrough C/O Heather L. Fambrough

**B. For Attorneys**

Date of signing: 03/20/2019

**Signature of Attorney**

Printed Name of Attorney

### Bar Number

Name of Law Firm

### Address

## Pro Se

---

Digitized by srujanika@gmail.com

### Telephone Number

(816) 471-1717

E-mail Address

Fambrough1954@gmail.com